

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application No. 10/692,420

Confirmation No. 7241

Filed: October 22, 2003

CERTIFICATE OF MAILING

Applicant: Berrevoets, et al.

Title: Crosslink for Securing  
Spinal Rod

Art Unit: 3731

Examiner: Jessica R. Baxter

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

10/07/2005

Date

Brian S. Chise

Registration No. 47,497

Attorney for Applicant(s)

Attorney Docket: 78485

Customer No.: 22242

Mail Stop AMENDMENT  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

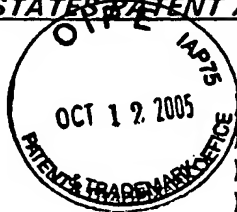
This document is being filed in response to the Office Action mailed September 7, 2005 (hereinafter the "Office Action") and is divided into the following sections:

The Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln No.: 10/692,460  
 Filed: October 22, 2003  
 Applicant(s): Berrevoets, et al.  
 Title: Crosslink for Securing Spinal Rod  
 Art Unit: 3731  
 Examiner: Baxter, Jessica R.  
 Attorney Docket: 78485  
 Customer No.: 22242



**Confirmation No.**

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10/07/2005  
Date

Brian S. Clise  
 Registration No. 47,497  
 Attorney for Applicant(s)

Mail Stop AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply in the above-identified application.

☒ Response to Restriction Requirement.

☒ No additional fee is required.

**Fee Calculation For Claims As Amended**

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	-	** =	0	x \$ 200.00	= \$ 0.00
Total Claims	-	* =	0	x \$ 50.00	= \$ 0.00
Fee for Multiply Dependent Claims				\$ 360.00	
** At least 3				Total Additional Fee	\$ 0.00
* At least 20					

☐ Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to: \$ 0.00

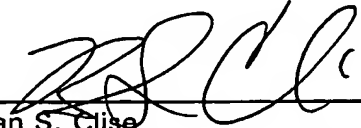
☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

10/692,460  
Application No. ~~10/692,420~~

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1135.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

October 7, 2005  
Date

  
\_\_\_\_\_  
Brian S. Clise  
Registration No. 47,497

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